plete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

or Fax

appropriate. All further con indicated unless corrected maintenance fee notification	rrespondence including the l below or directed otherwise ns.	Patent, advance ordin Block 1, by (a)	ders and noti	PUBLICATION FEE (if requision of maintenance fees a new correspondence address	will be mailed to the current	correspondence address as
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 04/22/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
SUGHRUE, MION, ZINN, MACPEAK & SEAS 2100 Pennsylvania Avenue, N.W. Washington, DC 20037				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
7/18/2005 MBEYENE2 00	000112 09840823	Jui .	3		· · · · · · · · · · · · · · · · · · ·	(Depositor's name)
1 FC:1501	1400.00 OP 300.00 OP		15			(Signature)
2 FC:1504			£3/			(Date)
APPLICATION NO.	FILING DATE	PADEMAN TIRST NAME		DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/840,823	04/25/2001	Takesh		ni Sato	Q64241	6100
APPLN. TYPE	V-CDMA TRANSMISSION  SMALL ENTITY	RATE ESTIMATI		DD AND DEVICE  PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	07/22/2005
-				·	\$1700 <b>7</b>	01/22/2003
EXAMINER VARIANT WARRY		ART UNIT		CLASS-SUBCLASS	j	
VARTANIAN, HARRY 263				375-150000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	EE	low, no assignee of this form is NOT	data will appo a substitute	ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO		locument has been filed for
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the pa	atent): 🗖 Individual 🗳 🖯	, orporation or other private gr	oup entity Government
a. The following fee(s) are	enclosed:	4b.	Payment of	Fee(s):		
Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount permitte	d)	A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.			
	(from status indicated above MALL ENTITY status. See 3	•			-	
The Director of the USPTO	is requested to annly the Issu	e Fee and Publicati	ion Fee (if an	ant is no longer claiming SMA  y) or to re-apply any previously other than the applicant; a reg	ly paid issue fee to the applica	tion identified shove
Authorized Signature				Date	July 15, 2005	
Typed or printed name Howard L. Bernstein				Registration No.		
ubmitting the completed ap his form and/or suggestions	plication form to the USPT( for reducing this burden, sh	D. Time will vary only be sent to the	.14. This coll depending up Chief Inform	o obtain or retain a benefit by lection is estimated to take 12 on the individual case. Any contain Officer, U.S. Patent and FORMS TO THIS ADDRESS	minutes to complete, including mments on the amount of the Trademork Office, ILS, Departments	ng gathering, preparing, and me you require to complete

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.